

Premera Blue Cross and Blue Shield of Alaska

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co- Insurance	# of Accts
Premera Blue Cross and Blue Shield of Alaska	\$ 276,303.28	\$ 276,303.28	\$ 158,829.36	\$ 66,477.61	\$ 50,996.31	4
U&C	\$ 276,303.28	\$ 276,303.28	\$ 158,829.36	\$ 66,477.61	\$ 50,996.31	4

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Plano		REDACTED			Premera Blue Cross and Blue Shield of Alaska	\$ 956.92	REDACTED	NANA WHORLEY PAR			\$ 956.86	\$ 17,096.73	\$ 17,096.73	\$ 15,182.95	U&C
Plano					Premera Blue Cross and Blue Shield of Alaska	\$ 8,476.42		NANA WHORLEY PAR			\$ 8,476.26	\$ 46,353.55	\$ 46,353.55	\$ 29,400.87	U&C
Plano					Premera Blue Cross and Blue Shield of Alaska	\$ 10,650.56		NANA WHORLEY PAR			\$ 10,634.08	\$ 54,720.43	\$ 54,720.43	\$ 33,435.79	U&C
Innova / Southcross					Premera Blue Cross and Blue Shield of Alaska	\$ 46,393.71		BROOKS RANGE CON			\$ 30,929.11	\$ 158,132.57	\$ 158,132.57	\$ 80,809.75	U&C